

# INSTRUCTIONS TO THE SHERIFF OF TULARE COUNTY

## GENERAL SERVICE INSTRUCTIONS

The Sheriff must have original instructions signed by the attorney of record, or the plaintiff if he/she has no attorney. The Clerks are not allowed to give legal advice, contact an Attorney, Paralegal or Legal Advisor prior to submitting your documents for service. (CCP 262)

**You must submit a complete set of documents per person being served plus an additional copy for the Sheriff's file.**

**(PLEASE PRINT LEGIBLY, EXCEPT FOR SIGNATURE)**

Court Case# \_\_\_\_\_

VS \_\_\_\_\_

PLAINTIFF

DEFENDANT

**To the Sheriff, you are instructed to serve the following documents (list the name of every document or its form number)**

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Court Hearing Date (if applicable): \_\_\_\_\_ (We must receive your documents no later than 10 days prior to last day for service)

Information for party being served: (A complete first and last name must be provided and must match the court documents. We cannot look up or verify names and address)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name of Employer

\_\_\_\_\_  
Residence Address

\_\_\_\_\_  
Employer's Address/Other Address for Service

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Employers Phone Number

**Physical Description of Party to be served.**

Sex	DOB	Age	Height	Weight	Hair	Eyes	Race	Tattoos, Scars, Marks, Etc.-(Describe)
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Weapons on Premises? Y/N \_\_\_\_\_ Known to Carry Weapons? Y/N \_\_\_\_\_

Describe/Location Describe/Location

Dogs on Property? Y/N \_\_\_\_\_ History of Violence Towards Law Enforcement? Y/N \_\_\_\_\_

Location

History of Gang Activity? Y/N \_\_\_\_\_ Drug Use? Y/N \_\_\_\_\_ Mental/Heath Concerns? Y/N \_\_\_\_\_

Affiliation

Vehicle Description: \_\_\_\_\_ Best Time For Service \_\_\_\_\_

Make/Model Color Lic Plate#

**RETURN INFORMATION (All notices, including proof of service, will be sent to the name and address listed.)**

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_

\_\_\_\_\_  
Sign Here (Plaintiff in pro per, or Attorney for Plaintiff

\_\_\_\_\_  
Date

Additional Information to assist deputies with service:

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